



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Pasternak et al. Confirmation No. 4859  
U.S. Serial No. 10/823,365 Examiner: Mitchell, Gregory W  
Filed: April 13, 2004 Group Art Unit: 1617  
For: TOPICAL ANESTHETIC/OPIOID FORMULATIONS AND USES  
THEREOF

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**CERTIFICATE OF EXPRESS MAIL**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service in an envelope addressed to MS Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. EV855942014US on October 2, 2006.

*Denise Kacinski*  
(Denise Kacinski)

Date: October 2, 2006

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Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE AFTER FINAL REJECTION UNDER 37 C.F.R. § 1.16**

Sir:

This paper is submitted in response to the Final Office Action mailed on August 1, 2006.

The listing of the claims begins on page 2.

Remarks begin on page 5.



10-03-06

AF  
DW

AMENDMENT TRANSMITTAL LETTER				Docket No. 62069DIV2(51590)	
Application No. 10/823,365-Conf. #4859		Filing Date April 13, 2004		Examiner G. W. Mitchell	
				Art Unit 1617	
Applicant(s): Gavril W. Pasternak et al.					
Invention: TOPICAL ANESTHETIC/OPIOID FORMULATIONS AND USES THEREOF					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	20	- 35 =		x	
Independent Claims		- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Amy M. Leahy Attorney/Agent Reg. No.: 47,739				Dated: <u>October 2, 2006</u>	
EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (203) 975-7505					
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV855942014US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.					
Dated: October 2, 2006		Signature:  (Denise Kacinski)			